

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-17-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes E0236, E0781,L3670 and E1399.

### II. FINDINGS

The respondent denied reimbursement based upon “A - Preauthorization not obtained; M – No MAR; and The charge for this procedure exceeds the Fee Schedule or Usual and Customary Allowance.”

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-24-02	E0236	\$494.00	\$00.00	A	DOP	General Instructions GR III Durable Medical Equipment GR (VIII), (IX) Rule 134.600	NU Pump for Water Circulating – Preauthorization is not required. Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$494.00 is recommended.
	E1399	\$75.00	\$00.00	A	DOP		Cold Therapy Cooler Wrap - Preauthorization is not required. Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$75.00 is recommended.
	E1399	\$155.00	\$00.00	F	DOP		Water Circulating Pad – Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$155.00 is recommended.

	L3670	\$340.00	\$60.00	A, M	DOP	Section 413.011(b) Rule 134.600	Shoulder Orthosis - Preauthorization is not required. Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$280.00 is recommended.
	E0781	\$485.00	\$0.00	A	DOP	Rule 134.600	Preauthorization is not required. Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$185.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1489.00.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0236, E0781, L3670 and E1399, in the amount of **\$ 1489.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1489.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13<sup>th</sup> day of May 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division